

IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF TEXAS
HOUSTON DIVISION

Najat Elsayed,

§

Plaintiff,

§

v.

C.A. No.4:11-cv--3636

The University of Houston,

§

Defendant.

§

(JURY TRIAL DEMANDED)

PLAINTIFF'S RESPONSE TO DEFENDANT'S PARTIAL MOTION TO DISMISS

EXHIBIT B



1/60-2010-03043
**EQUAL EMPLOYMENT OPPORTUNITY COMMISSION
INTAKE QUESTIONNAIRE**

RECEIVED

JUN 16 2010

Please immediately complete the entire form and return it to the U.S. Equal Employment Opportunity Commission ("EEOC"). **REMEMBER**, a charge of employment discrimination must be filed within the time limits imposed by law, generally within 180 days or in some places 300 days of the alleged discrimination. Upon receipt, this form will be reviewed to determine EEOC coverage. Answer all questions as completely as possible, and attach additional pages if needed to complete your response(s). If you do not know the answer to a question, answer by stating "not known." If a question is not applicable, write "n/a." Please Print.

1. Personal Information

Last Name: Elsayed First Name: Najat MI: _____
Street or Mailing Address: 3122 Creek Arbor Circle Apt Or Unit #: n/a
City: Houston County: Harris State: Texas ZIP: 77084
Phone Numbers: Home: (832) 814-5554 Work: (_____)
Cell: (b) (7)(C) Email Address: najat_elsayed@yahoo.com
Date of Birth: (b) 7C (DOB) Sex: Male Female Do You Have a Disability? Yes No
Please answer each of the next three questions. i. Are you Hispanic or Latino? Yes No
ii. What is your Race? Please choose all that apply. American Indian or Alaska Native Asian White
 Black or African American Native Hawaiian or Other Pacific Islander
iii. What is your National Origin (country of origin or ancestry)? Arab (Lebanon)

Please Provide The Name Of A Person We Can Contact If We Are Unable To Reach You:

(b) 6(b) 7C Third Party Information

2. I believe that I was discriminated against by the following organization(s): (Check those that apply)

Employer Union Employment Agency Other (Please Specify) _____

Organization Contact Information (If the organization is an employer, provide the address where you actually worked. If you work from home, check here and provide the address of the office to which you reported.) **If more than one employer is involved, attach additional sheets.**

Organization Name: University of Houston Office of Scholarships and Financial Aid

Address: 347 McInney Hall (HR) or 31 E. Cullen Bldg (SFA) County: Harris

City: Houston State: TX Zip: 77204 Phone: (832) 842-9022

Type of Business: Public University Job Location if different from Org. Address: 120 Welcome Center

Human Resources Director or Owner Name: Joan M. Nelson; Executive Director of HR Phone: 713-743-2603

Number of Employees in the Organization at All Locations: Please Check (v) One

Fewer Than 15 15 - 100 101 - 200 201 - 500 More than 500

3. Your Employment Data (Complete as many items as you can) Are you a Federal Employee? Yes No

Date Hired: 10/22/2007 Job Title At Hire: Financial Aid Officer I

Pay Rate When Hired: 32,000 annually (estimate) Last or Current Pay Rate: 43,000 annually

Job Title at Time of Alleged Discrimination: Financial Aid Officer II Date Quit/Discharged: June 3, 2010

Name and Title of Immediate Supervisor: Melanie Morgan, Assistant Director of Customer Service

If Job Applicant, Date You Applied for Job n/a Job Title Applied For n/a

4. What is the reason (basis) for your claim of employment discrimination?

FOR EXAMPLE, if you feel that you were treated worse than someone else because of race, you should check the box next to Race. If you feel you were treated worse for several reasons, such as your sex, religion and national origin, you should check all that apply. If you complained about discrimination, participated in someone else's complaint, or filed a charge of discrimination, and a negative action was threatened or taken, you should check the box next to Retaliation.

Race Sex Age Disability National Origin Religion Retaliation Pregnancy Color (typically a difference in skin shade within the same race) Genetic Information: choose which type(s) of genetic information is involved:

i. genetic testing ii. family medical history iii. genetic services (genetic services means counseling, education or testing)

If you checked color, religion or national origin, please specify: Muslim/Islam: Arab Lebanese

If you checked genetic information, how did the employer obtain the genetic information? n/a

Other reason (basis) for discrimination (Explain). n/a

5. What happened to you that you believe was discriminatory? Include the date(s) of harm, the action(s), and the name(s) and title(s) of the person(s) who you believe discriminated against you. Please attach additional pages if needed.

(Example: 10/02/06 - Discharged by Mr. John Soto, Production Supervisor)

A) Date: Action: See attached documentation

Name and Title of Person(s) Responsible:

B) Date: Action: See attached documentation

Name and Title of Person(s) Responsible: See attached documentation

6. Why do you believe these actions were discriminatory? Please attach additional pages if needed.

See attached documentation

7. What reason(s) were given to you for the acts you consider discriminatory? By whom? His or Her Job Title?

See attached documentation

8. Describe who was in the same or similar situation as you and how they were treated. For example, who else applied for the same job you did, who else had the same attendance record, or who else had the same performance? Provide the race, sex, age, national origin, religion, or disability of these individuals, if known, and if it relates to your claim of discrimination. For example, if your complaint alleges race discrimination, provide the race of each person; if it alleges sex discrimination, provide the sex of each person; and so on. Use additional sheets if needed.

Of the persons in the same or similar situation as you, who was treated *better* than you?

A. Full Name	Race, sex, age, national origin, religion or disability	Job Title
See attached documentation		

Description of Treatment

B. Full Name	Race, sex, age, national origin, religion or disability	Job Title
See attached documentation		

Description of Treatment

Of the persons in the same or similar situation as you, who was treated *worse* than you?

A. Full Name	Race, sex, age, national origin, religion or disability	Job Title
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Description of Treatment

B. Full Name	Race, sex, age, national origin, religion or disability	Job Title
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Description of Treatment

Of the persons in the same or similar situation as you, who was treated the *same* as you?

A. Full Name	Race, sex, age, national origin, religion or disability	Job Title
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Description of Treatment

B. Full Name	Race, sex, age, national origin, religion or disability	Job Title
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Description of Treatment

Answer questions 9-12 only if you are claiming discrimination based on disability. If not, skip to question 13. Please tell us if you have more than one disability. Please add additional pages if needed.

9. Please check all that apply:

Yes, I have a disability
 I do not have a disability now but I did have one
 No disability but the organization treats me as if I am disabled

10. What is the disability that you believe is the reason for the adverse action taken against you? Does this disability prevent or limit you from doing anything? (e.g., lifting, sleeping, breathing, walking, caring for yourself, working, etc.).

11. Do you use medications, medical equipment or anything else to lessen or eliminate the symptoms of your disability?

Yes No

If "Yes," what medication, medical equipment or other assistance do you use?

12. Did you ask your employer for any changes or assistance to do your job because of your disability?

Yes No

If "YES", when did you ask? _____ How did you ask (verbally or in writing)? _____

Who did you ask? (Provide full name and job title of person)

Describe the changes or assistance that you asked for:

How did your employer respond to your request?